

DT02 Rec'd PCT/PTO 28 APR 2004

PCT/US03/31974.28042004

The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are competent, with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line below.

IPEA/ US

PCT

CHAPTER II

DEMAND

under Article 31 of the Patent Cooperation Treaty:
The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty.

For International Preliminary Examining Authority use only	
Identification of IPEA	Date of receipt of DEMAND
Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION Applicant's or agent's file reference 40853-01-5083WO	
International application No. PCT/US03/031974	International filing date (day/month/year) 08 October 2003 (08/10/2003)
(Earliest) Priority date (day/month/year) 09 October 2002 (09/10/2002)	
Title of invention Erythropoietin: Remodeling and Glycoconjugation of Erythropoietin	
Box No. II APPLICANT(S)	
Name and address: (Family name followed by given name, for a legal entity, full official designation. The address must include postal code and name of country) NEOSE TECHNOLOGIES, INC. 102 Witmer Road Horsham, PA 19044 United States of America	
Telephone No. Facsimile No. Teleprinter No. Applicant's registration No. with the Office	
State (that is, country) of nationality: US	State (that is, country) of residence: US
Name and address: (Family name followed by given name, for a legal entity, full official designation. The address must include postal code and name of country) SHAWN DE FREES 126 Filly Drive North Wales, PA 19454 United States of America	
State (that is, country) of nationality: US	State (that is, country) of residence: US
Name and address: (Family name followed by given name, for a legal entity, full official designation. The address must include postal code and name of country) DAVID ZOPF 560 West Beechtree Lane Wayne, PA 19087 United States of America	
State (that is, country) of nationality: US	State (that is, country) of residence: US
<input checked="" type="checkbox"/> Further applicants are indicated on a continuation sheet.	

Form PCT/IPEA/401 (first sheet) (January 2004)
LegalStar 2004, Form PCTDEM

See Notes to the demand form

Continuation of Box No. II APPLICANT(S)

If none of the following sub-boxes is used, this sheet should not be included in the demand.

Name and address: (Family name followed by given name, for a legal entity, full official designation The address must include postal code and name of country)

ROBERT BAYER
6105 Dirac Street
San Diego, CA 92122
United States of AmericaState (that is, country) of nationality:
USState (that is, country) of residence:
US

Name and address: (Family name followed by given name, for a legal entity, full official designation The address must include postal code and name of country)

CARYN BOWE
310 Maple Avenue
Doylestown, PA 18901
United States of AmericaState (that is, country) of nationality:
USState (that is, country) of residence:
US

Name and address: (Family name followed by given name, for a legal entity, full official designation The address must include postal code and name of country)

DAVID HAKES
14 Fern Avenue
Willow Grove, PA 19090
United States of AmericaState (that is, country) of nationality:
USState (that is, country) of residence:
US

Name and address: (Family name followed by given name, for a legal entity, full official designation The address must include postal code and name of country)

XI CHEN
107 Whitney Place
Lansdale, PA 19446
United States of AmericaState (that is, country) of nationality:
People's Republic of ChinaState (that is, country) of residence:
US☐ Further applicants are indicated on another continuation sheet.

Sheet No. 3.

International application No
PCT/US03/031974**Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE**The following person is ☒ agent ☐ common representativeand ☒ has been appointed earlier and represents the applicant(s) also for international preliminary examination.☐ is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked.☐ is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*KATHRYN DOYLE, Ph.D., J.D.
Morgan Lewis & Bockius, LLP
1701 Market Street
Philadelphia, PA 19103
United States of America

Telephone No.

215-963-4723

Facsimile No.

215-963-5001

Teleprinter No.

Agent's registration No. with the Office
36,317☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.**Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION****Statement concerning amendments:***

1. The applicant wishes the international preliminary examination to start on the basis of:

☒ the international application as originally filedthe description ☒ as originally filed☐ as amended under Article 34the claims ☒ as originally filed☐ as amended under Article 19 (together with any accompanying statement)☐ as amended under Article 34the drawings ☒ as originally filed☐ as amended under Article 342. ☐ The applicant wishes any amendment to the claims under Article 19 to be considered as reversed.3. ☐ The applicant wishes the start of the international preliminary examination to be postponed until the expiration of the applicable time limit under Rule 69.1(d)).4. ☐ The applicant expressly wishes the international preliminary examination to start earlier than at the expiration of the applicable time limit under Rule 54bis.1(a).

* Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Language for the purposes of international preliminary examination: English☒ which is the language in which the international application was filed.☐ which is the language of a translation furnished for the purposes of international search.☐ which is the language of publication of the international application.☐ which is the language of the translation (to be) furnished for the purposes of international preliminary examination.**Box No. V ELECTION OF STATES**

The filing of this demand constitutes the election of all Contracting States which are designated and are bound by Chapter II of the PCT.

Sheet No. 4.

International application No.
PCT/US03/031974

Box No. VI CHECK LIST

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:

- | | | |
|--|---|--------|
| 1. translation of international application | : | sheets |
| 2. amendments under Article 34 | : | sheets |
| 3. copy (or, where required, translation) of amendments under Article 19 | : | sheets |
| 4. copy (or, where required, translation) of statement under Article 19 | : | sheets |
| 5. letter | : | sheets |
| 6. other (specify) | : | sheets |

For International Preliminary
Examining Authority use only
received not received

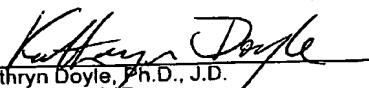
<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>

The demand is also accompanied by the item(s) marked below:

- | | |
|--|--|
| 1. <input checked="" type="checkbox"/> fee calculation sheet | 5. <input type="checkbox"/> statement explaining lack of signature |
| 2. <input type="checkbox"/> original separate power of attorney | 6. <input type="checkbox"/> sequence listing in computer readable form |
| 3. <input type="checkbox"/> original general power of attorney | 7. <input type="checkbox"/> tables in computer readable form related to sequence listing |
| 4. <input type="checkbox"/> copy of general power of attorney; reference number, if any: | 8. <input type="checkbox"/> other (specify): |

Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand)


Kathryn Doyle, Ph.D., J.D.
Reg. No. 36,347

For International Preliminary Examining Authority use only

1. Date of actual receipt of DEMAND: DT02 Rec'd PCT/PTO 2 8 APR 2004

2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b):

3. ☐ The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply.
- ☐ The applicant has been informed accordingly.
4. ☐ The date of receipt of the demand is WITHIN the time limit of 19 months from the priority date as extended by virtue of Rule 80.5.
5. ☐ Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82.

6. ☐ The date of receipt of the demand is AFTER the expiration of the time limit under Rule 54bis.1(a) and item 7 or 8, below, does not apply.
7. ☐ The date of receipt of the demand is WITHIN the time limit under Rule 54bis.1(a) as extended by virtue of Rule 80.5.
8. ☐ Although the date of receipt of the demand is after the expiration of the time limit under Rule 54bis.1(a), the delay in arrival is EXCUSED pursuant to Rule 82.

For International Bureau use only

Demand received from IPEA on.

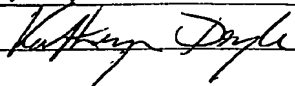
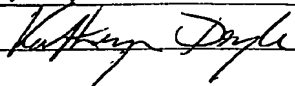
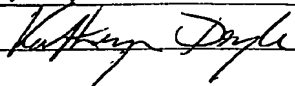
Form PCT/IPEA/401 (last sheet) (January 2004)
LegalStar 2004, Form PCTDEM

See Notes to the demand form

PCT

FEE CALCULATION SHEET

Annex to the Demand

<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%;">International application No. PCT/US03/031974</td><td style="width: 50%;"></td></tr><tr><td>Applicant's or agent's file reference 40853-01-5083WO</td><td></td></tr></table>	International application No. PCT/US03/031974		Applicant's or agent's file reference 40853-01-5083WO		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="height: 40px; vertical-align: top;">For International Preliminary Examining Authority use only</td></tr><tr><td style="height: 40px; vertical-align: top;">Date stamp of the IPEA</td></tr></table>	For International Preliminary Examining Authority use only	Date stamp of the IPEA												
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Applicant's or agent's file reference 40853-01-5083WO																			
For International Preliminary Examining Authority use only																			
Date stamp of the IPEA																			
Applicant NEOSE TECHNOLOGIES, INC.																			
CALCULATION OF PRESCRIBED FEES <table style="width: 100%;"><tr><td style="width: 60%;">1. Preliminary examination fee</td><td style="width: 20%; text-align: right;">600.00</td><td style="width: 20%; text-align: center;">P</td></tr><tr><td colspan="3"> </td></tr><tr><td>2. Handling fee (<i>Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee</i>)</td><td style="text-align: right;">162.00</td><td style="text-align: center;">H</td></tr><tr><td colspan="3"> </td></tr><tr><td>3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box</td><td style="text-align: right;">762.00</td><td></td></tr><tr><td></td><td style="text-align: right;">TOTAL</td><td></td></tr></table>		1. Preliminary examination fee	600.00	P				2. Handling fee (<i>Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee</i>)	162.00	H				3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box	762.00			TOTAL	
1. Preliminary examination fee	600.00	P																	
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3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box	762.00																		
	TOTAL																		
MODE OF PAYMENT <table style="width: 100%;"><tr><td><input checked="" type="checkbox"/> authorization to charge deposit account with the IPEA (see below)</td><td><input type="checkbox"/> cash</td></tr><tr><td><input type="checkbox"/> cheque</td><td><input type="checkbox"/> revenue stamps</td></tr><tr><td><input type="checkbox"/> postal money order</td><td><input type="checkbox"/> coupons</td></tr><tr><td><input type="checkbox"/> bank draft</td><td><input type="checkbox"/> other (specify):</td></tr></table>		<input checked="" type="checkbox"/> authorization to charge deposit account with the IPEA (see below)	<input type="checkbox"/> cash	<input type="checkbox"/> cheque	<input type="checkbox"/> revenue stamps	<input type="checkbox"/> postal money order	<input type="checkbox"/> coupons	<input type="checkbox"/> bank draft	<input type="checkbox"/> other (specify):										
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<input type="checkbox"/> bank draft	<input type="checkbox"/> other (specify):																		
AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT (This mode of payment may not be available at all IPEAs) <table style="width: 100%;"><tr><td style="width: 50%; vertical-align: top;"><input checked="" type="checkbox"/> Authorization to charge the total fees indicated above. <input checked="" type="checkbox"/> (This check-box may be marked only if the conditions for deposit accounts of the IPEA so permit) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.</td><td style="width: 50%; vertical-align: top;">IPEA/ <u>US</u> Deposit Account No.: <u>50-0310</u> Date: <u>April 28, 2004</u> Name: <u>Kathryn Doyle</u> Signature: <u></u></td></tr></table>		<input checked="" type="checkbox"/> Authorization to charge the total fees indicated above. <input checked="" type="checkbox"/> (This check-box may be marked only if the conditions for deposit accounts of the IPEA so permit) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.	IPEA/ <u>US</u> Deposit Account No.: <u>50-0310</u> Date: <u>April 28, 2004</u> Name: <u>Kathryn Doyle</u> Signature: <u></u>																
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BEST AVAILABLE COPY

UNITED STATES INTERNATIONAL PRELIMINARY EXAMINING AUTHORITY FEE CODING AND RECORDING SHEET										Additional Sheets Attached	
IDENTIFICATION OF THE INTERNATIONAL APPLICATION											
INTERNATIONAL APPLICATION NUMBER								INTERNATIONAL FILING DATE			
APPLICANT (NAME)											
PAYMENTS						REFUNDS					
PAYMENT ON FILING DEMAND		ADDITIONAL				TO DEPOSIT ACCOUNT		TO DEPOSIT ACCOUNT		TO DEPOSIT ACCOUNT	
DEPOSIT ACCOUNT		DEPOSIT ACCOUNT		DEPOSIT ACCOUNT		DEPOSIT ACCOUNT		DEPOSIT ACCOUNT		DEPOSIT ACCOUNT	
<input type="checkbox"/> CASH/CHECK		DATE:		DATE:		DATE:		DATE:		DATE:	
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CODE	AMOUNT PAID										
190											
191											
803											
192											
193											
TOTAL PAID:		PAID:		PAID:		REFUNDED:		REFUNDED:		REFUNDED:	
States for 803:											
<p>05/03/2004 HKAYPAGH 00000012 500310 PCT/US03/31974</p> <p>01 FC:1605 600.00 DR</p> <p>02 FC:1705 162.00 DR</p>											
DATE MAILED:											
IPEA/US AUTHORIZATION		IPEA/US AUTHORIZATION		IPEA/US AUTHORIZATION		IPEA/US AUTHORIZATION		IPEA/US AUTHORIZATION		IPEA/US AUTHORIZATION	

PCT/PEA403(b) (U.S. Version) (11-86)

U.S. DEPARTMENT OF COMMERCE/Patent and Trademark Office

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